

Application For A State Matching Grant For Elderly And Disabled Demand
Responsive Transportation

For Services Operating in State Fiscal Year 2014

1. **General Information**

Legal name of applicant

Grant amount applying for: \$ _____

Address

Nine-digit Federal Employer Identification Number: _____ - _____ - _____

Please check one of the following:

_____ Municipality _____ Transit District _____ Regional Planning Organization

Please check one of the following:

_____ Repeat applicant _____ New applicant

Contact information for questions on the application.

Name: _____

Title: _____

Telephone number: (_____) _____ - _____

Fax number: (_____) _____ - _____

Email Address: _____

2. Questions

a) If the applicant is a **municipality**, does your municipality currently provide or contract for dial-a-ride transportation services?

_____ yes _____ no

(Dial-a-ride transportation is defined as a type of transit service where individual passengers can request transportation from a specific location to another specific location at a certain time. Transit vehicles providing dial-a-ride service do not follow a fixed route, but travel throughout the community transporting passengers between their specific requested origins and destinations. These services usually, but not always, require advance reservations. The terms demand-response and dial-a-ride can be used interchangeably.)

b) If the application is a **coordinated program**, please list the coordinating entity and all the municipalities included in the application and indicate whether those towns already provide or contract for dial-a-ride transportation services.

Municipality	No service	Contract for Service	Provide Service

New Applicants Only

Party authorized to enter into agreement with State

Name: _____

Title: _____

Telephone number: (_____) _____ - _____

Fax number: (_____) _____ - _____

c) Please describe how seniors and persons with disabilities currently receive transportation services in each municipality included in the grant application. For example, are volunteer drivers used, does the senior center provide the service, are town-owned vehicles used, what types of services are provided, etc?

d) How will this change with the addition of the grant funds? Please describe the actual service that will be provided. Will the town or a municipal based agency provide transportation services? Will the service be contracted out?

e) What is the proposed start date for the new or expanded transportation services?

f) How much is service estimated to increase annually (how many more hours of service or passenger trips will be provided)?

g) How does the municipality propose to coordinate their transportation needs and services within a greater region? If none, what efforts were made to examine the feasibility or cost effectiveness of coordination?

h) How will the municipality inform the target population about the availability of new or expanded transportation services?

Repeat Applicants Only

Response to these questions is REQUIRED:

- c) Please describe the services that will provide using these grant funds. These services may help other towns when they ask me of some ideas.

- d) How does the municipality propose to coordinate their transportation needs and services within a greater region? If none, what efforts were made to examine the feasibility or cost effectiveness of coordination?

- e) How will the municipality inform the target population about the availability of new or expanded transportation services?

Response to these questions is OPTIONAL:

- f) What other transportation needs do your riders require that are not being met? If possible, please describe ideas of how these needs could be met.

- g) If any SFY 2013 funds were unspent, please specify the amount and explain/describe how these funds will be used in SFY 2014. *Please note: any unspent funds must be drawn down first.*

- h) Have you seen an increase in ridership since the beginning of the Municipal Grant Program? Do the same people ride more frequently or are there new riders?

- i) How has this grant money helped your transportation services over the past years?

- j) What are some obstacles faced by your service and what do you think could help with these obstacles?

All Applicants
(Complete Pages 4-9)

3. Proposed Dial-a-Ride Budget for SFY 2014

Estimate annual expenses and revenue for the proposed transportation program using the following categories. This budget should include all existing and anticipated funds. Total System Expenses and Total Revenue **MUST** match. If there is a surplus or deficit, provide explanation.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
LABOR				
Operators' Salaries & Wages				
Other Salaries				
FRINGE BENEFITS				
SERVICES				
MATERIALS & SUPPLIES				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
TOTAL SYSTEM EXPENSES				

REVENUE:				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2013 Municipal Grant Funds*				
Other State (explain)				
Subtotal				
Fares				
ConnDOT				
USDOT				
Subtotal				
TOTAL REVENUE				

*Repeat Applicants Only

4. **Dial-a-Ride Budget for SFY 2013**

Provide the estimated annual expenses and revenues for the municipality's current transportation program using the following categories. This budget should include all existing and anticipated funds.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
LABOR				
Operators' Salaries & Wages				
Other Salaries				
FRINGE BENEFITS				
SERVICES				
MATERIALS & SUPPLIES				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
TOTAL SYSTEM EXPENSES				

REVENUE:				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2012 Municipal Grant Funds*				
Other State (explain)				
Subtotal				
Fares				
ConnDOT				
USDOT				
Subtotal				
TOTAL REVENUE				

* Repeat Applicants Only

5. Dial-a-Ride Program Data to Date for SFY 2013

Provide actual year-to-date expenses and revenues for the current municipal transportation program using the following categories. Total System Expenses and Total Revenue **MUST** match. If there is a surplus or deficit, provide explanation.

Actual Data through _____, 2013.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
LABOR				
Operators' Salaries & Wages				
Other Salaries				
FRINGE BENEFITS				
SERVICES				
MATERIALS & SUPPLIES				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
TOTAL SYSTEM EXPENSES				

REVENUE:				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2012 Municipal Grant Funds*				
Other State (explain)				
Subtotal				
Fares				
ConnDOT				
USDOT				
Subtotal				
TOTAL REVENUE				

*Repeat Applicant Only

6. Actual Dial-a-Ride Program Data for SFY 2012

Report actual expenses and revenues for the municipal transportation program for SFY 2011 using the following categories.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
LABOR				
Operators' Salaries & Wages				
Other Salaries				
FRINGE BENEFITS				
SERVICES				
MATERIALS & SUPPLIES				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
TOTAL SYSTEM EXPENSES				

REVENUE:				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2011 Municipal Grant Funds*				
Other State (explain)				
Subtotal				
Fares				
ConnDOT				
USDOT				
Subtotal				
TOTAL REVENUE				

* Repeat Applicants Only

7. In-Kind Contribution Detail

In-Kind is defined as a dollar value of non-cash contributions (which directly benefit a project) by the grantee or another party other than the funder (volunteer services, equipment use, facilities use, staff time or other resources, as distinguishable from a monetary grant.)

1. Proposed In-Kind for SFY 2014

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
In-Kind (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

2. In-Kind budgeted for SFY 2013

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
In-Kind (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

3. Actual In-Kind for SFY 2012

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
In-Kind (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

8. **Other Required Information**

- a) If the municipality does not have a transportation program, there must be letters of commitment from all sources of matching funds.

- b) Each municipality applying for funds must submit an annual certification that the State Municipal Grant Program funds are in addition to current municipal levels of spending on transportation programs for seniors and persons with disabilities. The Chief Fiscal Officer (CFO) for the municipality must sign this document. (*See Attachment 2*) If budgets for transportation programs for seniors and persons with disabilities will remain unchanged for sfy 2014, the CFO must fill out and sign version A of Attachment 2. If budgets for transportation programs for seniors and persons with disabilities will be reduced, the CFO must fill out and sign version B of Attachment 2.

- c) Municipal budget documents must be provided showing budget requests for transportation services for SFY 2014 (proposed budget/budget requests are acceptable). The transportation funding must be for services and expenditures that have been determined eligible based on the requirements in the “Eligible Match” and “Eligible Projects and Expenses” section.

- d) In a regionally coordinated system, a municipality must certify that they are assigning their grant apportionment to the coordinating entity. (*See Attachment 3*)

Attachment 1 – Maintenance of Effort Certification

All Applicants

The Chief Fiscal Officer (CFO) for the municipality must sign the maintenance of effort certification. If municipal budgets for transportation programs for seniors and persons with disabilities will remain unchanged (or increase) for SFY 2014, the CFO must fill out and sign version A of Attachment 2. If municipal budgets for transportation programs for seniors and persons with disabilities will be reduced, the CFO must fill out and sign version B of Attachment 2.

Maintenance of Effort Certification (*Version A*)

The municipality of *****Municipality***** hereby certifies that State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program funds are in addition to current municipal levels of spending on transportation programs for Seniors and Persons with Disabilities.

Typed Name

Title (Chief Fiscal Officer)

Signature

Maintenance of Effort Certification (*Version B*)

The municipality of *****Municipality***** will be reducing municipal levels of spending on transportation programs for Seniors and Persons with Disabilities by *****Percentage***** and acknowledges that State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program funds will be reduced accordingly.

Typed Name

Title (Chief Fiscal Officer)

Signature

Attachment 2 – Grant Assignment Certification

Grant Assignment Certification

The municipality of ***Municipality*** is participating in a consolidated application for State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program through the ***Municipality, Transit District or Regional Planning Organization***. The municipality of ***Municipality*** hereby assigns its grant apportionment from the State program to ***Municipality, Transit District or Regional Planning Organization***, who will coordinate the operation of service.

Typed Name

Title (CEO)

Signature